U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)				Application Number		10/075,397				
FEE TRANSMITTAL			Filing Date		February 15, 2002					
For FY 2005			First Named Inventor		Nobuhiro TAGASHIRA, et al.					
				Examiner Name		C. Fields				
Applicant claims small entity status. See 37 C.F.R. 1.27				Art Unit		2137				
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docket No. 03500.016190						
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Name: Eltzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is breeby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or undersymments of Yell (so under 37 C.F. 1.16 and 1.17) Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-0038.										
FEE CALCULATION	-									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAR Small Entity				RCH FEES Small Entity	EXA	AMINATION I Small Ent				
Application Type		Fee (\$)	Fee (\$	Fee(\$)	Fee		1	Fees Paid (\$)		
Utility	300	150	500		20					
Design Plant	200 200	100	100 300	50 150	13 16				_	
Reissue	300	150	500	250	60					
2. EXCESS CLAIM FEES Small Entity Fee Description Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180										
Total Claims	Extra Clai	ims Fee (S)	Fee Pa	iid (\$)	Multip	ple Dependent	Claims			
10 - 20 or HP HP = highest number o	= 0 f total claim	x 50.00 = s paid for, if greater	0 than 20		E	ee(\$)	Fee Paid	<u>(\$)</u>		
Indep. Claims	Extra Cl	aims Fee(\$)		Fee Paid (\$)	_			_		
10 - 10 or Hi HP = highest number of	⊃ =0 independen	x 200.0	00 = greater tr	0 nan 3	_					
 APPLICATION SIZE If the specification, dr (\$125 for small entity) 	rawings, and	d any Preliminary A dditional 50 sheets	mendmer or fractio	nt exceed 100 s n thereof. See 3	heets of p 35 U.S.C.	paper in total, 41(a)(1)(G) a	, the applicat and 37 CFR	ion size fee due 1.16(s).	is \$250	
Total Sheets	xtra Sheets	Number	of each a	dditional 50 or fra	action ther	eof <u>F</u>	ee (\$)	Fee Paid (\$)		
- 100 =		/ 50 =		(round up to	a whole n	umber) x _	=			
4. OTHER FEE(S)								Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other:										

SUBMITTED BY			
Signature	Sallon	Registration No. (Attorney/Agent) 36,570	Telephone 212-218-2100
Name (Print/Type)	Brian L. Klock		Date: December 8, 2005

This collection of information is required by 37 CER, 1136. The information is qualified to detail or of inten a breefit by the public which is this (see by the USPTO) to propose in applicable. Confident by the public CER, 1136 CER, 113